PTO/SB/17 (10-08)

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Under the Pap	ea to respona t	respond to a collection of information unless it displays a valid OMB control number						
		Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				Application Number		10/590,846-Conf. #4142		
				Filing Date		August 25, 2006		
				First Named Inventor Examiner Name		Masaharu UEDA C. A. Fogarty		
Applicant claims small entity status. See 37 CFR 1.27			Art Uni			1793		
TOTAL AMOUNT OF PAYMENT		(\$) 130.00	Attome	Attorney Docket No.		1551-0158PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FI	LING FEES	SEARCH F	EE\$	<b>EXAMIN</b>	ATION FEES		
Application Ty	pe Fee (\$	<u>Small Entity</u> ) <u>Fee (\$) Fe</u>		II Entity se (\$)	Fee (\$)	Small Entity Fee (\$)	Eoos E	aid (\$)
Utility	330	· <u></u> -		270	220	110	<u>i 669 r</u>	aiu (4)
Design	220		100	50	140	70		
Plant	220			165	170	70 85		<del></del>
Reissue	330			270	650	325		
Provisional	220	110	0	0	0.50	323 0		
		110	U	v	U	U		Conall Entity
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)							52	26
Each independen					220	110		
Multiple dependent claims 390 195								
Total Claims Fee (\$)			Fee Paid	ee Paid (\$)		Multiple Dependent Claims		
10 -20 or HP x = Fee (\$) Fee Paid (\$)								1
HP = highest number of total claims paid for, if greater than 20.						<i></i>		_
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid	(\$)				
	or HP =	noid for if greater than 2						
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Non-English Specification \$130 for (no empl) entity discount)								
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00								
SUBMITTED BY Signature 47-874 Registration No. 32,181 Telephone (703) 205-8000								
Signature	(WENDE	<del>~~6</del> *7 (.07"	(Attorney/		32,181	Telephone	(703) 20	
Name (Print/Type)	Marc S. Weiner					Date U	U 12 8	3 2008

